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## Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	12459	
Facility Name:	St. Luke	e's Hospital
Address:	3555 Ce	esar Chavez Street
City:	San Fra	Incisco
Hospital Owner/Lice Year of Rep		Sutter West Bay Hospitals
Contact 1 e-mail Ad	-	
Contact 2 e-mail Ad	ldress:	
Contact 3 e-mail Ado	dress::	
Name of Sub	mitter:	Carl Scheuerman
Submission	n Date:	1/29/2012 3:00:00 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	1957 Wing	3555 Cesar Chavez Street	Replace	SPC5	01/01/2020	12/15/2017
02	Main Hospital Building	3555 Cesar Chavez Street	Replace	SPC5	01/01/2020	12/15/2017
04	1912 Wing	3555 Cesar Chavez Street	Replace	SPC5	01/01/2020	12/15/2017

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For each building which is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: 01	1957 Wing		Retrofit/Replacement Yes-Submit Project:			
Facility Project Sub <u>Number Number Num</u>	Scope	Date Plan A in	Approved Proj. Start Proj. Comple Date Date Date	ted Status CEQA Review		
12459 SS101521	0 RRU - NEW HOSPITAL MAKE READY PROJECT/OXYGEN TANK REPLACEMENT AND LOADING DOCK RELOCATION	08/11/2010	10/28/2010 05/01/2012 12/01/201	2 OPEN Yes		
18188 IS082199	0 PPR NEW ACUTE CARE HOSPITAL	12/10/2008	05/01/2012 12/01/201	7 OPEN Yes		
Building No: 02	Main Hospital Building		Retrofit/Replacement Project:	Yes-Submitted		
Facility Project Sub <u>Number Number Num</u>	Scope	Date Plan A in	Approved Proj. Start Proj. Comple Date Date Date	ted Status CEQA Review		
12459 SS101521	0 RRU - NEW HOSPITAL MAKE READY PROJECT/OXYGEN TANK REPLACEMENT AND LOADING DOCK RELOCATION	08/11/2010	10/28/2010 05/01/2012 12/01/201	2 OPEN Yes		
18188 IS082199	0 PPR NEW ACUTE CARE HOSPITAL	12/10/2008	05/01/2012 12/01/201	7 OPEN Yes		
Building No: 04	1912 Wing		Retrofit/Replacement Project:	Yes-Submitted		
Facility Project Sub <u>Number Number Num</u>	Scope	Date Plan A in	•	ted Status CEQA Review		
12459 SS101521	0 RRU - NEW HOSPITAL MAKE READY PROJECT/OXYGEN TANK REPLACEMENT AND LOADING DOCK RELOCATION	08/11/2010	10/28/2010 05/01/2012 12/01/201	2 OPEN Yes		
18188 IS082199	0 PPR NEW ACUTE CARE HOSPITAL	12/10/2008	05/01/2012 12/01/201	7 OPEN Yes		

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: 01	Buildir	ng Name: 1957 Wing				
Type of Service Prov	vided					
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	Obstetrical Recovery		
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby		
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	X Emergency		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine		
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis		
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this <b>0</b>	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery		
		Building	Cooling	Central Plant		

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Provide the number of	Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: 02	Ŭ	ne: Main Hospital Building					
Type of Service Prov	rided Inpatient 9 Beds	9 Inpatient 12865 Days	Surgical	X Obstetrical Recovery			
X IntensiveCare	Inpatient 2 Beds		Anesthesia	X Newborn/ WellBaby			
X Pediatric/Adol escent	Inpatient Beds	8 Inpatient Days 257	X Clinical Lab	Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	X Nuclear Medicine			
X Obstetrical Ante/Postprtum	Inpatient 2 Beds	0 Inpatient Days 2604	X Pharmaceutical	X Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialysis			
X Skilled Nursing	Inpatient 7 Beds	9 Inpatient Days 22628	X Support Services X Obstetrical	Surgery			
		I Beds this <b>229</b> ling	Cesarean/Deliv	Central Plant			

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)							
Building Number: 04 Building Name: 1912 Wing							
Type of Service Provided	<u>d</u>						
	oatient 0 Inpatient 0 ods Days	X Surgical	Obstetrical Recovery				
	patient 0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby				
	oatient 0 Inpatient Days 0	Clinical Lab	Emergency				
Psychiatric Inp Nursing Be	oatient 0 Inpatient Days 0 eds	Radiological/ Imaging	Nuclear Medicine				
Obstetrical Inp Ante/Postprtum Be	oatient 0 Inpatient Days 0 eds	Pharmaceutical     Dietetic	Rehabilitation Therapy				
Intermediate Inp Care Be	patient 0 Inpatient Days 0 eds	Administration	Renal Dialysis				
	oatient 0 Inpatient Days 0	Services	Surgery				
	Total Beds this <b>0</b> Building	Cesarean/Deliv	Central Plant				

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## Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	01	Building Name: 195	7 Wing			
Medical / Surgical (Include GYN)		Acute Respiratory	v Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center			Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	

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Provide the number of Inpatient beds and	patient days per type of unit per building pe	r Section 130061(c)(1)(F)
Building Number: 02 Building Number:	uilding Name: Main Hospital Building	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 99 Inpatient 1286 Bed Days 5	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing
Inpatient 20 Inpatient 2604 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 79 Inpatient 2262 Bed Days 8
Pediatric	intensive Care Newborn Nursery	Intermediate Card
Inpatient 8 Inpatient 257 Bed Days	Inpatient 8 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / development Disabled
Inpatient 10 Inpatient 1988 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service
Inpatient 5 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	229 229

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Provide the number of Inpatient beds ar	nd patient days per type of unit per building	per Section 130061(c)(1)(F)
Building Number: 04	Building Name: 1912 Wing	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric	intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / development Disabled
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0 0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

g Building r Name	Building to be Removed
1957 Wing	
Main Hospital Building	
Service Building	
1912 Wing	
	r Name 1957 Wing Main Hospital Building Service Building

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Li	List ALL proposed new buildings to be constructd at this or another site.								
Building Number	Building Nam	e		New Site					
N_1	New Hospital								
ī									
Report Status:	Data Last Update:	10/07/2011	Submission Date:	01/29/2012	Print Date:	1/30/2012 12:46 PM			

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01 E	Building Name:	1957 Wing		
Type of Servic	e Provided		_		
		X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing	X	Anesthesia		
	IntensiveCare			Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol		Clinical Lab	_	Outpatient
	escent	X	Radiological/ Imaging	Newborn/ WellBaby	Surgery
	Psychiatric Nursing		Pharmaceutical	X Emergency	Central Plant
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine	Support Services
	Intermediate Care	X	Administration		
	Skilled Nursing				

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	02	Building Name:	Μ	ain Hospital Building				
Type of Service	e Provided	[		Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing			Anesthesia	X	Obstetrical	X	Renal Dialysis
X	IntensiveCare Pediatric/Adol		Х	Clinical Lab		Recovery	<u> </u>	
×	escent			Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
	Psychiatric Nursing		Х	Pharmaceutical		Emergency		Central Plant
X	Obstetrical Ante/Postprtu	m [	х	Dietetic	X	Nuclear Medicine	X	Support Services
	Intermediate Care		Х	Administration				
X	Skilled Nursin	g						

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	04 Buildi	ng Name:	1912 Wing			
Type of Service	Provided		_		_	
		×	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia			Repol Dickaio
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		_ Clinical Lab	Newborn/		Outpatient Surgery
	Psychiatric		Radiological/ Imaging			
	Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine		Support Services
	Intermediate					
	Care		Administration			
	Skilled Nursing					

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Building Numbe	er: 01	Building Na	me: 1957 Wing			
Configuration	Replace with new	SPC 5 and	NPC 4 or NPC 5 buildi	ing		
Type of Serv	vice Provided					
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency	Central Plant
	Intermediate Care		Dietetic			0
	Skilled Nursing	X	Administration		Nuclear Medicine	Support Services

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Building Numbe	r: 02	Building Na	me: Main Hospital Bu	uilding			
Configuration	Replace with new	SPC 5 and I	NPC 4 or NPC 5 buildir	ıg			
Type of Serv	ice Provided						
X	Nursing		Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare		Anesthesia	X	Obstetrical	X	Renal Dialysis
X	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
X	Obstetrical Ante/Postprtum	X	Pharmaceutical		_	_	
_	Ante/Postphum	X	Dietetic		Emergency		Central Plant
	Intermediate Care			X	Nuclear Medicine	X	Support Services
X	Skilled Nursing	X	Administration				Services

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Building Numbe	er: 03	Building Na	me: Service Building				
Configuration	Replace with new	SPC 5 and I	NPC 4 or NPC 5 buildir	ng			
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Numb	er: 04	Building Na	me: 1912 Wing			
Configuration	Replace with new	SPC 5 and	NPC 4 or NPC 5 build	ding		
Type of Ser	vice Provided					
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical		Pharmaceutical			
	Ante/Postprtum				Emergency	Central Plant
	Intermediate		Dietetic			
	Care				Nuclear Medicine	Support Services
	Skilled Nursing		Administration			

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Build	ing Number: 03	Building	Name: Se	ervice Buildi	ng				
Type of Service Provided									
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)											
Building Number:	03 Build	ding Name: Serv	ice Building								
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric							
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days						
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing							
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days						
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card							
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days						
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent						
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days						
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service						
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0						